

<i>SERFF Tracking Number:</i>	<i>FRSS-128399648</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Independent Order of Foresters</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Application for Reinstatement 2012 PR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Application for Reinstatement 2012 PR SERFF Tr Num: FRSS-128399648 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num:

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jennifer Daigle, Kerry
Shields, Tamara Kozma, Gita
Lakhan, Art Vikari, Gale Mcinally

Disposition Date: 06/06/2012

Date Submitted: 06/01/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The Insurance
Laws of Canada where this Society is
domiciled, does not require approval of this
form.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/06/2012

State Status Changed: 06/06/2012

Deemer Date:

Created By: Kerry Shields

Submitted By: Tamara Kozma

Corresponding Filing Tracking Number:

Filing Description:

June 1, 2012

RE: Independent Order of Foresters ("Foresters")

SERFF Tracking Number: FRSS-128399648 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Application for Reinstatement 2012 PR
Project Name/Number: /
NAIC #763-58068; FEIN: 980000680

Form Number Form Description
105500 AR 05/12
Application for Reinstatement Form

Dear Sir or Madam:

The form listed above is enclosed for your review and approval. No part of this filing contains any unusual or possibly controversial items from normal industry standards. Approval of this form is not required by the Insurance Laws of Canada where this Society is domiciled.

We have developed an application to be used solely for reinstatement of lapsed insurance contracts under our simplified issue "final expense" life insurance product portfolio, including; the products approved by your state in the following filings, and any similar products approved in the future.

- SERFF Filing # FRCS-125958327 approved on January 8, 2009
- SERFF Filing # FRSS-128124599 approved on April 3, 2012

While the new form will not be replacing a previously approved form it will be used in place of the reinstatement portion of an existing state filed form – 'Application for Change/Conversion/Reinstatement', which as the name indicates has multiple uses, to reinstate our final expense products. The existing form will continue to be used to reinstate our other products and to make changes to insurance coverage until new forms, specific to each of these purposes are developed and approved for use.

The application for reinstatement form can be completed and signed by all applicable parties in hardcopy, traditional format or, if a producer is involved, via electronic application software. Depending on the method of generation and printing, the formatting and fonts may be slightly altered but all content will remain identical to the approved forms. The font size will never be less than the required font size.

- Hardcopy: The form will be completed by hand and wet signatures would be applied by all signees.
- Electronic: Producers would complete some or all of the form using a computer or other mobile device. Producers will be provided with the option of printing the application for wet signature or utilizing an electronic signature process. Our

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proposed electronic application software is a wizard-based, intelligent fillable forms program. It will ensure that the proper application forms are utilized and the information collected is entered correctly, accurately, and securely. When completed electronically the questions and statements on the form will be identical to what was approved. PDFs of the completed form will be presented for review on screen by applicable persons whose signatures are required. Any incorrectly entered data can be corrected at this time prior to signatures being applied.

We certify that security measures will be in place to protect customer privacy. Foresters recognizes that the technology and regulations relating to computers, e-signatures, information security, and delivery is ever-changing and therefore we intend to remain flexible with our approach to ensure we can evolve and upgrade our technology for this process as needed in the future. Foresters confirms that our electronic process will comply with all federal and state regulations relating to digital/electronic signatures and information security, as well as meeting the requirements of all state insurance regulations.

Enclosed please find:

- A final copy of the Application for Reinstatement submitted for approval.
- Notices, (MIB and privacy information) as supporting documentation.
- Readability certification.
- Statement of Variability

If I may provide any additional information relating to this submission, please feel free to contact me at 416-429-3000, ext. 4066 or email kshields@foresters.com.

Sincerely yours,

Kerry Shields
Compliance Analyst

State Narrative:

Company and Contact

Filing Contact Information

Kerry Shields, Compliance Analyst	kshields@foresters.com
789 Don Mills Road	416-429-3000 [Phone] 4066 [Ext]
Toronto, ON M3C 1T9	416-467-2525 [FAX]

Filing Company Information

The Independent Order of Foresters	CoCode: 58068	State of Domicile: Ontario
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Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Application for Reinstatement 2012 PR
Project Name/Number: /
789 Don Mills Road Group Code: Company Type: Fraternal Benefit
Toronto, ON M3C 1T9 Group Name: Society
(416) 429-3000 ext. [Phone] FEIN Number: 98-0000680
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$50.00	06/01/2012	59623726

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Product Name:	Application for Reinstatement 2012 PR		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/06/2012	06/06/2012

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Disposition

Disposition Date: 06/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Notices		Yes
Form	Application for Reinstatement		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	105500 AR 05/12	Application/ Enrollment Form	Application for Reinstatement	Initial		50.100	105500 AR 0512_Applicat ion for Reinstatemen t.pdf

Application for Reinstatement

Certificate #: _____

1. Reinstatement Type

O Maintain Original Issue Date – Payment of all unpaid total premiums, plus interest, required. If reinstatement is approved by us, the insurance contract will be reinstated with the same coverage(s) and value(s) as of the date of lapse.

O Re-Date Insurance Contract *(Only available within a year of a lapse that occurred during the first certificate year.)* – Payment of one modal total premium required. If reinstatement is approved by us, the insurance contract will be reinstated with a new issue date which may affect the issue age and the amount of the total premium. Each date, referred to in the insurance contract, that is measured from the issue date, will be measured from the new issue date.

Note: Foresters acceptance of the required reinstatement payment is done without prejudice of our right to decline reinstatement.

2. Proposed Insured

Name (first name, middle initial, last name)			Date of birth (mmm/dd/yyyy)		Social security #
Street address		City	State	Zip code	E-mail Address (optional)
Home phone #	Alternate phone/Cell #	Height / Weight /	Used tobacco or nicotine in any form within the past 12 months? <input type="radio"/> Yes <input type="radio"/> No		

3. Medical Questions (For purposes of these questions "you" means the proposed insured, "diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

- Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? ☐ Yes ☐ No
- Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting?..... ☐ Yes ☐ No
- Within the past 12 months, have you:
 - Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? ☐ Yes ☐ No
 - Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known?..... ☐ Yes ☐ No
- Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? ☐ Yes ☐ No
- Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
 - Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? ☐ Yes ☐ No
 - Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No
 - Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? ... ☐ Yes ☐ No
- Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? ☐ Yes ☐ No
- Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:
 - Alcohol or drug abuse, or have you used illegal drugs? ☐ Yes ☐ No
 - Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? ☐ Yes ☐ No
- Within the past 2 years have you had, or been diagnosed with:
 - Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? ☐ Yes ☐ No
 - Stroke or Transient Ischemic Attack (TIA/mini-stroke)? ☐ Yes ☐ No
 - Brain tumor or aneurysm? ☐ Yes ☐ No
- Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? ☐ Yes ☐ No
- Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:
 - Parkinson's disease or Systemic Lupus (SLE)? ☐ Yes ☐ No
 - Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? ☐ Yes ☐ No
 - Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? ☐ Yes ☐ No

If a "Yes" answer in Section 3, the certificate is not eligible for reinstatement. Do not complete or submit this Application.

4. Proposed Insured's Physician or Medical Practitioner Information

Name of physician or medical practitioner: _____ Phone #: _____

Address: _____

5. Financial Question

Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in the certificate if reinstatement is approved (including possible assignment)?..... ☐ Yes ☐ No

6. Payment Information

Payer is: ☐ Proposed insured ☐ Owner (if other than proposed insured) ☐ Other (complete Payer ID Form)

Reinstatement payment provided by: ☐ Check ☐ Other (complete Payment Form)

Subsequent premiums to be paid by: ☐ Pre-Authorized Check (PAC) (complete Payment Form) ☐ Direct bill ☐ Other (complete Payment Form)

Payment mode: ☐ Monthly (PAC only) ☐ Quarterly ☐ Semi-annually ☐ Annually

Is a specific draft date being requested? ☐ No ☐ Yes, draft on the _____ day (choose between 1st and 28th) of the month.

Conversion Notification: Foresters can process a check provided for payment as a check transaction or instead take the information from the check to make a one-time electronic fund transfer from the account that the check relates to.

7. Owner (Complete only if other than the proposed insured.)

Full legal name of Individual (First, Middle, Last), Institution, or Trust

Street address		City	State	Zip code
Home phone #	Alternate phone/Cell #	E-mail Address (optional)		Social security/Tax ID #

8. Agreements

I, the proposed insured and/or owner, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete. The statements and answers in this application are the basis for the reinstatement of the insurance contract and, if approved, reinstatement will be subject to a new two year contestability period based upon the information provided in this application. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Reinstatement of the insurance contract is effective on the date approved by us provided that: (a) the required reinstatement payment is provided on or before that date and is honored by the financial institution from which it is to be collected; and (b) between the date this application was signed and the date, as shown in our records, that reinstatement of the insurance contract is approved by us, there has been no event or no change in the proposed insured's health, habits or circumstances, that would require a change to an answer to a question in this application. If reinstatement is approved by us, this application shall form part of the entire contract with Foresters. If reinstatement is not approved by us, our liability is limited to a refund of the reinstatement payment collected by us, if any. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

9. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

10. Signature Section (For purposes of sections 1 to 9. Review entire Application before signing.)

X _____ Signed on: _____ Signed at: _____
Proposed insured's signature Date (mmm/dd/yyyy) (City, State)

X _____ Signed on: _____ Signed at: _____
Owner's signature (if other than the proposed insured) Date (mmm/dd/yyyy) (City, State)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR_Readable Score Certification.pdf		
Bypassed - Item: Application Bypass Reason: N/A Comments:		
Satisfied - Item: Statement of Variability Comments: Attachment: 105500 AR 0512_SOV.pdf		
Satisfied - Item: Notices Comments: Attachment: 105449 US 0512_Notices.pdf		

The Independent Order of Foresters

NAME OF COMPANY: The Independent Order of Foresters
Forester House, 789 Don Mills Road, Toronto, Ontario M3C 1T9
(416) 429-3000

A. Option Selected

- ☐ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is below.
- ☒ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below.

Form and Form Numbers to which Certification is Applicable:

<u>Form Name</u>	<u>Form Number</u>	<u>Flesch Score</u>
Application for Reinstatement	105500 AR 05/12	50.1

B. Test Option Selected


- ☒ 1. Test was applied to entire policy form(s).
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

- ☒ 1. The policy text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than 10-point type, one point leaded. (This does not apply to specification pages, schedules and tables).
- ☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captured in bold-faced type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☐ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages).

This certification must be signed by an officer of the insurer.

 Digitally signed by ca, Tamara Kozma
DN: c=ca, o=iofentrust, cn=ca, ou=ciscovpn, cn=Tamara Kozma
Date: 2012.06.01 10:06:50 -04'00'

Hendrik Verdurmen
Vice President, Finance & Product Management

June 1, 2012

Date

The Independent Order of Foresters

Statement of Variability

Application for Reinstatement
105500 AR 05/12

Page 1

1. Foresters head office and US mailing addresses, telephone number and corporate logo are bracketed to allow for change if Foresters moves or changes its phone number.

Notices (This page must be given to the proposed insured.)

For purposes of these Notices the following words are defined: "Application" means the Application for Reinstatement to which this Notice relates; "Producer" means the licensed individual who signed that Application as the producer; "Foresters", "we", "our", and "us" mean The Independent Order of Foresters; "You" and "your" mean the proposed insured. If you have questions, discuss them with your producer or contact us directly. Write to Foresters, Chief Underwriter 789 Don Mills Road, Toronto, Canada M3C 1T9, or to our U.S. Mailing Address at PO Box 179, Buffalo, NY 14201-0179.

Privacy - Personal information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization to insurance companies to which you have applied for coverage or benefits, those providing services for us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a written request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon written request, we will provide more information about these procedures.

Medical and Personal Information - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

MIB, Inc. - Information regarding your insurability will be treated as confidential. Foresters or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Foresters, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its Website at www.mib.com.